

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF PENNSYLVANIA

In re Eugene Uritsky
Debtor

Case No. 20-13659-AMC

AMENDED INITIAL MONTHLY OPERATING REPORT

File report and attachments with Court and submit copy to United States Trustee within 15 days after order for relief

Substitute FORM IR-1 (RE) for IR-1 if case is a Single Asset Real Estate Case.

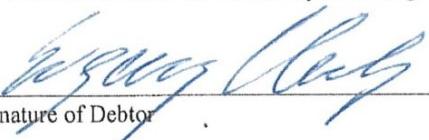
Certificates of insurance must name United States Trustee as a party to be notified in the event of policy cancellation.

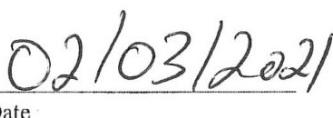
Bank accounts and checks must bear the name of the debtor, the case number, and the designation "Debtor in Possession."

Examples of acceptable evidence of Debtor in Possession Bank accounts include voided checks, copy of bank deposit agreement/certificate of authority, signature card, and/or corporate checking resolution.

REQUIRED DOCUMENTS	Document Attached	Explanation Attached
12-Month Cash Flow Projection (Form IR-1)	N/A	
Certificates of Insurance:		
Workers Compensation	N/A	
Property	X	
General Liability	N/A	
Vehicle	X	
Other:		
Evidence of Debtor in Possession Bank Accounts		
Tax Escrow Account	N/A	
General Operating Account	N/A	
Other: Evidence of Debtor in Possession Bank Account	X	
Other:		

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the attached documents are true and correct to the best of my knowledge and belief.


Signature of Debtor


Date

Signature of Joint Debtor

Date

Signature of Authorized Individual*

Date

Printed Name of Authorized Individual

Title of Authorized Individual

*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

In re: EUGENE URITSKY
Debtor

AMENDED

Case No. 20-13659-AMC
Reporting Period 10-SEPT - 30-SEPT

INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS

(This Form must be submitted for each Bank Account maintained by the Debtor)

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. Attach the bank statements and a detailed list of all disbursements made during the report period that includes the date, the check number, the payee, the transaction description, and the amount. A bank reconciliation must be attached for each account. [See MOR-1 (INDV) (CONT)]

	Current Month Actual	Cumulative Filing to Date Actual
Cash - Beginning of Month	\$1,514.65	
RECEIPTS		
Wages (Net)	0	
Interest and Dividend Income	0	
Alimony and Child Support	0	
Social Security and Pension Income	0	
Sale of Assets	0	
Other Income (attach schedule)	0	
Total Receipts	\$0.00	
DISBURSEMENTS		
ORDINARY ITEMS:		
Mortgage Payment(s)	0	
Rental Payment(s)	0	
Other Secured Note Payments	0	
Utilities	0	
Insurance	0	
Auto Expense	0	
Lease Payments	0	
IRA Contributions	0	
Repairs and Maintenance	0	
Medical Expenses	0	
Household Expenses	0	
Charitable Contributions	0	
Alimony and Child Support Payments	0	
Taxes - Real Estate	0	
Taxes - Personal Property	0	
Taxes - Other (attach schedule)	0	
Travel and Entertainment	0	
Gifts	0	
Other (attach schedule)	N/A	
Total Ordinary Disbursements	\$0.00	
REORGANIZATION ITEMS:		
Professional Fees	\$1,000	
U. S. Trustee Fees	\$0.00	
Other Reorganization Expenses (attach schedule)	N/A	
Total Reorganization Items	\$1,000.00	
Total Disbursements (Ordinary + Reorganization)	\$1,000.00	
Net Cash Flow (Total Receipts - Total Disbursements)		
Cash - End of Month (Must equal reconciled bank statement)	\$624.20	

PO Box 89000
 Atlanta GA 30356-9900

Exhibit Auto Insurance Page 1 of 1

DECLARATIONS PAGE

NAIC# 25178

PAGE 1 OF 2

NAMED INSURED

AT2 005163 0058
 URITSKY, EUGENE
 29 BEVERLY HILLS RD
 WARMINSTER PA 18974-1400

3B-6378-2 P A

POLICY NUMBER [REDACTED]

POLICY PERIOD JUL 31 2020 to OCT 21 2020

12:01 AM Standard Time

STATE FARM PAYMENT PLAN NUMBER
 1292041313

AGENT

NICK DEMAIO
 621 W MARKET ST
 PERKASIE, PA 18944-1420

PHONE: (215)258-0900

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
 IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.

YOUR CAR

VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID NUMBER	CLASS
1	2009	TOYOTA	COROLLA	4DR	2T1BU40E99C115637	603060H000
2	2007	MERCEDES	S600	4DR	WDDNG76X47A088883	603060H000

SYMBOLS	COVERAGE & LIMITS	PREMIUMS
		2009 2007
		TOYOTA MERCEDES
A	Liability Coverage Bodily Injury Limits Each Person, Each Accident \$100,000 \$300,000	\$98.16 \$56.28
	Property Damage Limit Each Accident \$100,000	
C2	Medical Payments Coverage Each Person	\$12.81 \$6.37
	\$5,000	
H	Emergency Road Service Coverage	\$1.29 \$1.29
U3	Uninsured Motor Vehicle Coverage Bodily Injury Limits Each Person, Each Accident \$100,000 \$300,000	\$1.46 \$1.46
W3	Underinsured Motor Vehicle Coverage Bodily Injury Limits Each Person, Each Accident \$100,000 \$300,000	\$10.97 \$10.97
	Total Premium Per Vehicle	\$124.69 \$76.37

Total premium for JUL 31 2020 to OCT 21 2020

(This is not a bill)

IMPORTANT MESSAGES

Replaced policy number [REDACTED].

Your total renewal premium for APR 21 2020 to OCT 21 2020 is \$452.84.
 Vehicle 1 \$280.84, Vehicle 2 \$172.00.

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors such as the coverages you have, where you live, the kind of car you drive, how your car is used, who drives the car, and information from consumer reports.

You have the right to request, no more than once during a 12-month period, that your policy be re-rated using a current credit-based insurance score. The resulting impact due to the credit portion of the re-rated insurance score will not increase your premium; however, your overall premium may decrease, remain the same, or increase due to other factors impacting your total premium.

CONTINUED

See Reverse Side



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EUGENE URITSKY
DIP CASE 20-13659 EDPA
29 BEVERLY HILLS DR
IVYLAND PA 18974

039 / Chapter 11 Checking

9580

Statement Beginning Balance		Debit	Credit	Balance
Phone	100.00			100.00
Check				100.00
Statement Ending Balance				100.00

Transactions By Date

Date	Description	Debit	Credit	Balance
10/01/2020	DEBIT CARD	100.00		100.00



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E STATEMENT OF ACCOUNT

EU GLASS INC
29 BEVERLY HILLS RD
WARMINSTER PA 18974-1400

Page: 1 of 4
Statement Period: Sep 01 2020-Sep 30 2020
Cust Ref #: 4339279930-717-E***
Primary Account #: 4339279930

TD Business Convenience Plus

EU GLASS INC

Account # 4339279930

ACCOUNT SUMMARY

Beginning Balance	1,514.65	Average Collected Balance	624.61
Electronic Deposits	2,314.11	Interest Earned This Period	0.00
		Interest Paid Year-to-Date	0.00
Electronic Payments	3,179.56	Annual Percentage Yield Earned	0.00%
Service Charges	25.00	Days in Period	30
Ending Balance	624.20		

DAILY ACCOUNT ACTIVITY

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
09/08	ACH DEPOSIT, PAYPAL TRANSFER 1010286008035	452.23
09/11	ACH DEPOSIT, PAYPAL TRANSFER 1010320065434	352.89
09/11	CCD DEPOSIT, AMZNVJH8JUB1 MARKETPLAC 2QS4QWJHCCOG582	10.79
09/14	ACH DEPOSIT, PAYPAL TRANSFER 1010332326451	60.86
09/15	ACH DEPOSIT, PAYPAL TRANSFER 1010367602994	130.27
09/18	ACH DEPOSIT, PAYPAL TRANSFER 1010403164702	461.12
09/18	ACH DEPOSIT, PAYPAL TRANSFER 1010403187982	191.07
09/22	ACH DEPOSIT, PAYPAL TRANSFER 1010448930371	165.93
09/22	ACH DEPOSIT, PAYPAL TRANSFER 1010448938493	67.95
09/24	ACH DEPOSIT, PAYPAL TRANSFER 1010470485569	274.24
09/24	ACH DEPOSIT, PAYPAL TRANSFER 1010470471548	84.33
09/25	CCD DEPOSIT, AMZNHH4UQFRC MARKETPLAC 29D0UJENI3RI531	62.43
	Subtotal:	2,314.11

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
09/02	DEBIT CARD PURCHASE, AUT 090120 VISA DDA PUR INTUIT TURBOTAX 800 446 8848 * CA 4085404020420489	180.20
09/02	DEBIT CARD PURCHASE, AUT 090120 VISA DDA PUR MAILCHIMP MONTHLY MAILCHIMP COM * GA 4085404020420489	37.09
09/02	DEBIT CARD PAYMENT, AUT 083120 VISA DDA PUR FEDEX 329143365 MEMPHIS * TN 4085404020420489	35.84
09/03	DEBIT CARD PURCHASE, AUT 090220 VISA DDA PUR JENSEN BAGNATO PC 215 5464700 * PA 4085404020420489	1,000.00

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

How to Balance your Account

Page: 2 of 4

- Begin by adjusting your account register as follows:**

 - Subtract any services charges shown on this statement.
 - Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
 - Add any interest earned if you have an interest-bearing account.
 - Add any automatic deposit or overdraft line of credit.
 - Review all withdrawals shown on this statement and check them off in your account register.
 - Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
 2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
 3. Subtotal by adding lines 1 and 2.
 4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
 5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	624.20
2	Total Deposits	+ _____
3	Sub Total	_____
4	Total Withdrawals	_____
5	Adjusted Balance	_____

**FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR
QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:**

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

**TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston,
Maine 04243-1377**

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
 - A description of the error or transaction you are unsure about.
 - The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

**FOR CONSUMER LOAN ACCOUNTS ONLY -- BILLING RIGHTS
SUMMARY**

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
 - The dollar amount of the suspected error.
 - Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days In Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.



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STATEMENT OF ACCOUNT

EU GLASS INC

Page: 3 of 4
Statement Period: Sep 01 2020-Sep 30 2020
Cust Ref #: 9930-717-E-***
Primary Account #: 9930

DAILY ACCOUNT ACTIVITY

Electronic Payments (continued)

POSTING DATE	DESCRIPTION	AMOUNT
09/03	DEBIT CARD PAYMENT, AUT 083120 VISA DDA PUR FEDEX 525418713 MEMPHIS * TN 4085404020420489	157.61
09/04	DEBIT CARD PAYMENT, AUT 090220 VISA DDA PUR PAYFLOW PAYPAL JPACHECO EBAY * NE 4085404020420489	30.00
09/08	DEBIT POS, AUT 090820 DDA PURCHASE 7 ELEVEN SOUTHPHAMPTON * PA 4085404020420489	88.45
09/08	DEBIT CARD PAYMENT, AUT 090720 VISA DDA PUR NETFLIX COM NETFLIX COM * CA 4085404020420489	16.95
09/09	ELECTRONIC PMT-WEB, PAYPAL INST XFER ZOWTA LLC	106.00
09/09	DEBIT CARD PURCHASE, AUT 090820 VISA DDA PUR 15TH SANSON PHILADELPHIA * PA 4085404020420489	30.00
09/09	DEBIT CARD PURCHASE, AUT 090720 VISA DDA PUR PHOENIX MOTOR PARTS 602 264 4791 * AZ 4085404020420489	9.26
09/11	DEBIT CARD PURCHASE, AUT 090920 VISA DDA PUR 001 DEBTORCC INC JERSEY CITY * NJ 4085404020420489	24.90
09/14	DEBIT POS, AUT 091420 DDA PURCHASE ACME 0778 SOUTHPHAMPTON * PA 4085404020420489	114.33
09/14	DEBIT POS, AUT 091420 DDA PURCHASE SPEEDWAY 06785 1008 2ND RICHBORO * PA 4085404020420489	88.43
09/15	DEBIT CARD PAYMENT, AUT 091420 VISA DDA PUR AMAZON PRIME M44VB5JB1 AMZN COM BILL * WA 4085404020420489	13.77
09/16	DEBIT CARD PURCHASE, AUT 091520 VISA DDA PUR CLUBWPT VIP CLUBWPT COM * CA 4085404020420489	74.95
09/16	DEBIT CARD PAYMENT, AUT 091420 VISA DDA PUR FEDEX 526820579 MEMPHIS * TN 4085404020420489	39.48
09/17	DEBIT CARD PURCHASE, AUT 091620 VISA DDA PUR BIGCOMMERCE 888 699 8911 * TX 4085404020420489	84.75
09/21	DEBIT POS, AUT 091920 DDA PURCHASE SPEEDWAY 06785 1008 2ND RICHBORO * PA 4085404020420489	88.43
09/21	DEBIT POS, AUT 092120 DDA PURCHASE ACME 0778 SOUTHPHAMPTON * PA 4085404020420489	8.48

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America's Most Convenient Bank®

STATEMENT OF ACCOUNT

EU GLASS INC

Page: 4 of 4
Statement Period: Sep 01 2020-Sep 30 2020
Cust Ref #: 9930-717-E-***
Primary Account #: 9930

DAILY ACCOUNT ACTIVITY

Electronic Payments (continued)

POSTING DATE	DESCRIPTION	AMOUNT
09/22	ACH DEBIT, ATT PAYMENT 698028013EPAYO	77.02
09/23	DEBIT CARD PURCHASE, AUT 092120 VISA DDA PUR FEDEX 95803538 800 4633339 * TN 4085404020420489	479.58
09/23	DEBIT CARD PAYMENT, AUT 092220 VISA DDA PUR STATE FARM INSURANCE 800 956 6310 * IL 4085404020420489	44.21
09/25	DEBIT CARD PURCHASE, AUT 092320 VISA DDA PUR FEDEX 95861686 800 4633339 * TN 4085404020420489	269.60
09/28	DEBIT POS, AUT 092820 DDA PURCHASE SPEEDWAY 06785 1008 2ND RICHBORO * PA 4085404020420489	31.25
09/28	DEBIT POS, AUT 092820 DDA PURCHASE ACME 0778 SOUTHAMPTON * PA 4085404020420489	26.98
09/28	DEBIT CARD PURCHASE, AUT 092520 VISA DDA PUR 15TH SANSON PHILADELPHIA * PA 4085404020420489	22.00
	Subtotal:	3,179.66

Service Charges

POSTING DATE	DESCRIPTION	AMOUNT
09/30	MAINTENANCE FEE	25.00
	Subtotal:	25.00

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
08/31	1,514.65	09/17	389.68
09/02	1,261.52	09/18	1,041.87
09/03	103.91	09/21	944.96
09/04	73.91	09/22	1,101.82
09/08	420.74	09/23	578.03
09/09	275.48	09/24	936.60
09/11	614.26	09/25	729.43
09/14	472.36	09/28	649.20
09/15	588.86	09/30	624.20
09/16	474.43		

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

DECLARATIONS

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

Coverage afforded by this policy is provided by:
STATE FARM FIRE AND CASUALTY COMPANY
PO BOX 8000
BALLSTON SPA NY 12020

[REDACTED] **Policy Number**

A Stock Company with Home Offices in Bloomington, Illinois.

Named Insured and Mailing Address

URITSKY, EUGENE
29 BEVERLY HILLS RD
WARMINSTER, PA 18974-1400

The Policy Period begins and ends at 12:01 a.m. Standard Time at the residence premises.

Automatic Renewal - If the **Policy Period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

02/16/2020 **Effective Date**
12months-Policy Period
02/16/2021 **Expiration of Policy Period**

Deductibles - **Section 1 .5%/\$8732**
ALL LOSSES In case of loss under this policy, the deductible will be applied per occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to your policy.

Limit of Liability - Section 1
\$ 1,746,400 Dwelling (Coverage A)

Policy Premium \$6,246.00

Forms, Options, & Endorsements

HW-2138	HOMEOWNERS POL	LSP A1	SMLR CONST-A
LSP B1	LMT RPLC COST-B	OPT ID	COV A-INCR DWLG
OPT OL	BLD ORD/LAW-10%		

Loss Payee
CONGWAY, GEORGE
OFFICE OF THE UNITED STATES
TRUSTEE
200 CHESTNUT ST STE 502
PHILADELPHIA, PA 19106-2912

Agent Name & Address
DEMAIO, NICHOLAS P
621 W MARKET STREET
PERKASIE, PA
18944 (215) 258-0900

Loan Number:

Prepared: October 13, 2020

6378

559-916.5

Agent's Code

MORTGAGEE COPY

PREMIUM NOTICE
STATE FARM INSURANCE COMPANIES
AGENT ISSUED DECLARATIONS

POLICY NUMBER	BILLING PERIOD	AGENT CODE
[REDACTED]	FROM 02/16/2020 TO 02/16/2021	6378

LOCATION

29 BEVERLY HILLS RD
WARMINSTER, PA 18974-1400

INSURED

URITSKY, EUGENE
29 BEVERLY HILLS RD
WARMINSTER, PA 18974-1400

PREMIUM \$ 6,246.00

AMOUNT PAID \$ 6,246.00

AMOUNT DUE \$.00

DATE DUE

LOSS PAYEE

CONGWAY, GEORGE
OFFICE OF THE UNITED STATES
TRUSTEE
200 CHESTNUT ST STE 502
PHILADELPHIA, PA 19106-2912
Loan Number:

AGENT NAME & ADDRESS

DEMAIO, NICHOLAS P
621 W MARKET STREET
PERKASIE, PA
18944 (215) 258-0900

STATE FARM INSURANCE COMPANIES
PO Box 588002
North Metro, GA 30029-8002

In re Eugene Uritsky
Debtor

ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Accounts Receivable Reconciliation	Amount
Total Accounts Receivable at the beginning of the reporting period	
+ Amounts billed during the period	
- Amounts collected during the period	
Total Accounts Receivable at the end of the reporting period	
Accounts Receivable Aging	Amount
0 - 30 days old	
31 - 60 days old	
61 - 90 days old	
91+ days old	
Total Accounts Receivable	
Amount considered uncollectible (Bad Debt)	
Accounts Receivable (Net)	

DEBTOR QUESTIONNAIRE

Must be completed each month	Yes	No
1. Have any assets been sold or transferred outside the normal course of business this reporting period? If yes, provide an explanation below.		X
2. Have any funds been disbursed from any account other than a debtor in possession account this reporting period? If yes, provide an explanation below.	X	
3. Have all postpetition tax returns been timely filed? If no, provide an explanation below.	X	
4. Are workers compensation, general liability and other necessary insurance coverages in effect? If no, provide an explanation below.	X	
5. Has any bank account been opened during the reporting period? If yes, provide documentation identifying the opened account(s). If an investment account has been opened provide the required documentation pursuant to the Delaware Local Rule 4001-3.		X